

**H-3400 TAKE CHARGE PLUS****H-3410 GENERAL INFORMATION**

Section 2303 of the Affordable Care Act of 2010 established a new optional Medicaid eligibility group called Take Charge Plus (TCP). On July 1, 2014, Louisiana began offering \*\* services \*\* to this new eligibility group, with coverage limited to the following family planning-related services:

- Family planning education and counseling;
- Laboratory tests for family planning;
- Medications and supplies, such as: birth control pills, condoms, implants or patches, injections and intrauterine devices (IUDs). Diaphragms are excluded;
- Voluntary sterilization procedures, such as tubal ligation or vasectomy;
- Seven (7) visits to any approved medical professional in a calendar year. This includes four (4) yearly physical examinations and revisits. Monthly birth control medications are not counted as a visit unless seen by a medical professional;
- Drugs for the treatment of sexually transmitted infections/sexually transmitted diseases (STIs/STDs);
- Drugs for the treatment of certain lower genital tract and genital skin infections as it relates to family planning;
- Vaccine to prevent human papillomavirus (HPV), the virus that causes cervical cancer;
- Treatment of major complications resulting from certain family planning procedures;
- Non-emergency medical transportation (NEMT); and
- Yearly physical examinations and revisits (up to four (4) covered service visits in a calendar year by an approved medical professional).

Eligibility requirements \*\*:

- Women or men of any age; and
- Family income at or below 138 percent of the Federal Poverty Level (FPL); and
- Has not previously had a medical procedure that would prevent pregnancy, such as tubal ligation, hysterectomy or vasectomy.

**H-3420 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria (beginning at H-3420.1). Elements have been listed in the most logical order, but work on all steps simultaneously.

**H-3420.1 DETERMINE ASSISTANCE UNIT**

The assistance/benefit unit consists of the applicant/enrollee.

**H-3420.2 ESTABLISH NON-FINANCIAL ELIGIBILITY**

Verify eligibility with regard to the following factors:

- [Assignment of Third Party Rights](#) [I-200](#)
- [Citizenship/Alien Status](#) [I-300](#)
- [Enumeration](#) [I-600](#)
- [Residence](#) [I-1900](#)
- [SES Referral](#) [I-2000](#)

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**H-3420.3 ESTABLISH NEED**

Household composition and countable income for TCP is based on the Modified Adjusted Gross Income (MAGI) methodology. Refer to [I-1550 MAGI Determinations](#).

Compare MAGI-based income to the [TCP income standard](#). Refer to [Z-200 Federal Poverty Income Guidelines](#).

**H-3420.4 ELIGIBILITY DECISION**

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject/close, certify, or extend eligibility.

**H-3420.5 CERTIFICATION PERIOD**

TCP participants are eligible for continuous eligibility for twelve (12) months from the point of the latest certification or renewal, unless applicant/enrollee:

- Moves out of state;

- Dies;
- Becomes pregnant; or
- Becomes eligible for a full-benefit Medicaid program.

**Note:**

If otherwise eligible, an individual may be enrolled in TCP and a limited benefit program such as the \*\* Medicare Savings programs (QMB, SLMB, or QI).

Retroactive medical eligibility (RME) shall be explored for the three (3) months prior to the month of application. Refer to [H-1800, Retroactive Medical Eligibility \(RME\)](#).

**H-3420.6 NOTICE OF DECISION**

Send the notice of decision to the applicant/enrollee.

**H-3420.7 RENEWALS**

TCP eligibility is reviewed every twelve (12) months. Refer to the [Renewal Processing \(Non-LTC\) chapter](#) of the *BHSF Eligibility Administrative Procedures Manual*.

**Renewal Eligibility Decision**

If eligibility is extended, a notice of decision is sent to the enrollee. If eligibility is not extended, an advance notice of decision is sent, advising the enrollee of the proposed action.